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Fact Sheet

Establishing reporting of hospital discharge and emergency department data to improve Health monitoring in Montana

Background

The Montana Department of Public Health and Human Services (DPHHS) is seeking legislation to require reporting of both hospital discharge and emergency department (ED) data to the State. *Why?* The mission of the Public Health and Safety Division, within DPHHS is to improve the health status of Montanans to the highest possible level. One of the cornerstone activities to achieve this mission is to conduct public health monitoring to determine the health status of Montanans. Monitoring is critical to guide actions by the Department and other health organizations to improve health and inform policy deliberations and legislation. There are a number of data sources available to help achieve this goal including vital records (births and deaths) and the cancer registry. The major gap in our ability to effectively assess the health status of Montanans is the absence of timely, thorough, morbidity data. For example, the number of deaths due to unintentional poisoning in Montana has been increasing. Using death records we can tell that this increase began in 1999, and that the use of prescription drugs is related to this increase. However, important morbidity data to investigate this problem for the general Montana population are not available. Limitations in the current form of the Montana Hospital Association's (MHA) hospitalization data prohibits this type of investigation.

The MHA and the participating hospitals have done a tremendous amount of work to establish the existing hospital discharge data system. However, there are a number of improvements to this system that would increase the quality and the utility of both the hospital and emergency department data.

- **Identifiers** for each case to un-duplicate the admission events, and provide a mechanism to identify repeat/recurrent health events as well as link these data sets to other data sets such as death records.
- **Completion of the e-code fields** that define the cause of injury to allow for analyses focusing on injuries, a leading cause of death in Montana.
- **Zip code and cost information** to conduct more detailed geographic analyses and population-based cost-related studies. Key variables needed are part of the existing UB form.

As with all public health monitoring data, this information would be analyzed in aggregate, maintaining patient confidentiality and strictly following federal and state standards such as HIPAA.

How are other States addressing the issue of providing access to high quality hospital and ED data?



As of 2007, the majority of states (39 including the District of Columbia) have legislation in place to require reporting of hospital discharge data. Twenty-eight of those states collect hospital discharge data directly, and 11 contract with private organizations (e.g., hospital associations) for data collection. Additionally, 27 states are collecting ED data. Important health information derived from hospital discharge and ED data in those states should also be readily available in Montana.

Below are a few examples of information communities, hospitals, and health departments could use to improve health and enhance services in Montana.

Birth defects registry

Eleven states participating in the National Birth Defects Prevention Network used identifiable hospital discharge data and other active case-finding techniques to identify newborns with any of 18 potential defects. The most common birth defects identified were down syndrome (12.9 per 100,000) followed by cleft lip (10.5 per 100,000). Population-based state estimates of birth defects can help determine resource needs, planning, and education for Montana. [CDC. Improved national estimates for 18 selected major birth defects - United States, 1991-2001, MMWR. 2008;54(51-52):1301-05]



Disparities in ED utilization for asthma

The New Jersey Department of Health and Senior Services utilized emergency department data and hospital discharge data to evaluate race/ethnicity variation in emergency department use and hospitalizations among children. They found significant disparities in emergency department utilization related to race/ethnicity, but similar hospital admission rates from emergency department across groups who had an emergency department visit. Integrating emergency department and hospital discharge data would enhance our ability to assess disparities in asthma care in Montana and to target interventions where appropriate. [Kruse LK, et al. Disparities in asthma hospitalizations among children seen in the emergency department. J Asthma 2007;44(10):833-7]

Hospitalizations due to falls

The Oregon Department of Human Services utilized hospital discharge data to assess the burden of hospitalizations due to falls. In 2006, for every 100,000 people in the state there were 1,193 falls. Hospitalizations due to falls increased dramatically with age and were higher among women compared to men. Compared to men, women have a higher rate of hospitalization for hip fracture, and are more likely to fall from tripping or stumbling. Between 2002 and 2006, approximately 50% of all seniors hospitalized for falls in Oregon were diagnosed with a hip fracture and 8% were diagnosed with a traumatic brain injury. The five-year average hospitalization charge for falls among seniors in Oregon was over \$100 million dollars annually. In Montana, deaths due to unintentional injuries such as falls are common, however, we currently have no way to assess emergency department or hospital utilization nor costs from fall-related injuries. [Oregon Department of Human Services, Public Health Division. Defying gravity: preventing falls among older adults. CD Summary 2008;57(19):1-2.



Testimony on HB 105

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On behalf of the Department I would like to thank Representative Kottel for sponsoring this important legislation. As Representative Kottel indicated, House Bill 105 will establish statewide reporting of emergency department and hospital discharge data to the Department of Public Health and Human Services. The Department has a budget request for \$150,000 per year of State Special Revenue/Tobacco Settlement funds to implement this Bill. No general fund dollars will be used.

House Bill 105 will establish statewide reporting of emergency department and hospital discharge data to the Department of Public Health and Human Services.

WHY IS THIS IMPORTANT? Establishing the reporting of these essential data sources will allow the Department to continue to focus on its overall mission - to improve the health status of Montanans to the highest possible level. One of the cornerstone activities to achieve this mission is to conduct public health monitoring to determine the health status of Montanans. Monitoring is critical to guide actions by the Department, other health organizations, and the Montana Legislature to improve health and inform policy deliberations and legislation. There are a number of data sources available to the Department to help achieve this goal including vital records (births and deaths), and the communicable disease and cancer registries. The major gap in our ability to effectively assess the health status of Montanans is the absence of timely,

thorough morbidity data. Currently the Department conducts analyses of death record data to assess the mortality rates and trends in Montana, overall and by specific causes, such as heart disease, and cancer. However, many Montanans each year are injured or become ill and require emergency department care or hospitalization, but do not die. Establishing the reporting of these data sources will allow the Department to conduct regular data analyses and disseminate reports to key stakeholders and policy makers within the State. This information is critical to guide actions by the Department, other health organizations, and the Montana Legislature to inform policy deliberations and legislation, and for program planning and evaluation. Additionally, this information is important for local communities to conduct local and regional health planning, work force planning, and health care service development, and to support health-related community organizations seeking grants.

WHAT DATA ARE WE TAKING ABOUT? All acute care hospitals in Montana and the United States that bill Medicare and Medicaid for reimbursement collect a minimum data set for each person that has an emergency department visit or a hospital stay. These data are collected electronically on the Universal Billing form, which is submitted to public and private payers such as Medicare and Medicaid for reimbursement. The data set includes demographic information, identifiers, and clinical information regarding patient diagnoses and procedures. HB 105 would require hospitals to report those data elements routinely collected on the Universal Billing form for emergency department visits and hospital stays.

WHAT'S HAPPENING NOW IN MONTANA? Beginning in 1999, the Montana Hospital Association (MHA) established a voluntary hospital discharge reporting system. Statewide

emergency department discharge data are not currently collected as part of this system. The majority but not all hospitals in Montana participate in this system (15 non-federal hospitals and 4 federal facilities do not participate). Participating hospitals provide an electronic data set that includes variables routinely submitted to bill payers (e.g., diagnosis and procedure codes, costs). In 2006 the Department and MHA established a Memorandum of Understanding to allow the Department to have access to hospital discharge data, excluding specific variables. The Department pays MHA \$25,000 per year for access to these data. The Department has utilized the existing data to conduct regular data analyses and disseminate reports regarding selected aspects of the health status of Montanans to key stakeholders. These reports have helped guide actions by the Department and other health organizations. An example is the recently published statewide asthma control plan. There are a number of key limitations to the existing data collected by the MHA that restrict basic and prohibit more advanced data analyses, and a number of essential improvements to this system are needed to increase the quality and markedly increase the usefulness of both the hospital and emergency department data. Examples of the improvements needed include:

- Identifiers for each case to un-duplicate the admission events, and provide a mechanism to identify repeat/recurrent health events as well as link these data sets to other data sets such as death records. This information is currently collected and submitted electronically to bill payers.
- Completion of the *e-code fields* that define the exact cause of injury to allow for analyses focusing on injuries, a leading cause of death in Montanans aged 1 to 44. This information is

routinely collected as part of the hospital medical record, but is not always coded electronically in the billing information.

- Cost information to conduct more detailed geographic analyses and population-based cost-related studies. This information is collected electronically but not provided to the Department at this time.
- Electronic emergency department discharge data are collected routinely by all hospitals in Montana, but no statewide monitoring system has been established to collect and utilize this information.

WHAT IS HAPPENING IN THE UNITED STATES? The majority of States have successfully implemented emergency department and hospital discharge data systems. As of 2007, the 39 states including the District of Columbia have legislation in place to require reporting of hospital discharge data. Twenty-eight of those states collect hospital discharge data directly, and 11 contract with private organizations (e.g., hospital associations) for data collection. Additionally, 27 states are collecting emergency department data.

WHAT STEPS WILL BE TAKEN BY DEPARTMENT TO ENSURE THAT THESE DATA ARE SECURE AND CONFIDENTIALITY IS MAINTAINED? Reportable emergency department and hospital discharge data will be maintained using the same systems and procedures used for other existing confidential data sets within the Department. The Department staff is required to follow federal and state standards such as HIPAA and the Montana Health Care Information Act to maintain individual confidentiality. Access to the computer network by state employees is protected through two encrypted password firewalls.

Only designated Department employees will have access to these data. Employees will complete and sign an agreement form ensuring that they follow the specific procedures required by the Department to ensure data security and confidentiality. Summary information from these data sources would only be provided in aggregate. The Public Health and Safety Division maintains the States communicable disease and cancer registries and has not had any issues related to breaches of confidentiality or security.

WILL THESE DATA BE RE-RELEASED BY THE DPHHS TO OUTSIDE

ORGANIZATIONS? The Department will proactively conduct regular data analyses and disseminate important health status information to stakeholders and policy makers within the State. Only aggregate information will be provided. We also anticipate that we will receive requests for information related to emergency department and hospital discharge data from citizens, legislators, health-related organizations and others in Montana. The Department's epidemiology staff will conduct data analyses and provide aggregate summary information to these requesting persons/organizations. Again, only aggregate information will be provided. We anticipate that we also may receive requests for the release of unaggregated emergency department and hospital discharge data files from academic institutions or other organizations. These investigators would be required to complete an application to gain access to these data, provide documentation of Institutional Review Board review and approval, and sign an agreement to ensure that these data are securely stored and that confidentiality is maintained.

HOW WILL NON-FEDERAL HOSPITALS THAT CURRENTLY ARE NOT PARTICIPATING IN THE VOLUNTARY REPORTING SYSTEM BE ADDRESSED?

The Department will work collaboratively with the MHA and the small number of hospitals not currently participating to promote participation in reporting. This may include Department staff working with each of these individual facilities to assist with collecting and/or exporting reportable data. The Department does not intend to penalize or fine non-reporting facilities. As an example, the law and administrative rules for the Department's cancer registry does not include penalties or fines for non-reporting. Instead the Department has worked collaboratively with non-reporting hospitals to promote compliance with the law.

HOW WILL FEDERAL HOSPITALS BE ADDRESSED? Federal hospitals are not covered by state law regarding reporting of emergency department and hospital discharge data. However, the Department recognizes the importance of the Federal health care facilities in the state including the Veterans Administration and the Indian Health Service and will work collaboratively with the MHA and these organizations to promote participation.

WHAT ARE THE BENEFITS TO ESTABLISHING REPORTING OF EMERGENCY DEPARTMENT AND HOSPITAL DISCHARGE DATA? Reporting of emergency department and hospital discharge data will provide information that is critical to guide actions by the Department, other health organizations, and the Montana Legislature to inform policy deliberations and legislation, and for program planning and evaluation. This information is important for local communities for local and regional health planning, work force planning, and health care service development. This information will also support health-related community organizations seeking grants such as hospitals, and local health departments, and others. Similar to birth and death record information – high quality emergency department and hospital

discharge data are "Vital Statistics" and are critically needed to understand the health status of Montanans between birth and death.

I would like to thank both Dick Brown and Bob Olson from Montana Hospital association. The Department has met with them numerous times over the past year regarding this Bill and we appreciate their time and their work with their member hospitals regarding this Bill.

Madam Chair, Committee Members thank you for considering this important Bill. On behalf of the Department I ask that you support it.